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IMPACT OF INDIVIDUAL TREATMENT STRATEGIES ON COMPOSITE AND INDIVIDUAL CARDIOVASCULAR OUTCOMES IN THE AFFIRM TRIAL

ACC Poster Contributions
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Background: The comparative effectiveness of rate & individual rhythm control strategies in atrial fibrillation (AF) on cardiovascular hospitalization(CVH) outcomes has not been assessed.

Methods: We used a composite mortality & CVH endpoint to compare amiodarone as primary therapy (Amio) to other rhythm therapy (OR) or rate control (Rate). CVH were also analyzed for potentially related clinical events.

Results: Amio pts (n=735) were compared to OR (n=1298) & Rate (n=2027) cohorts. Amio pts had more advanced coronary disease & NYHA class than the other cohorts (p<.0001). The composite endpoint differed when Amio was compared to Rate (p<.001) & when OR was compared to Rate (p.2). Time to CVH was significantly shorter for Amio & OR compared to Rate (Figure,p<.0001) but Amio & OR were not significantly different from each other (p=.14). After adjustment for baseline imbalances, strongest predictors of mortality were pulmonary disease, NYHA class & coronary disease but not treatment strategy. After corrections for baseline clinical differences, treatment was a predictor of CVH with Rate & Amio being superior to OR (P<.001 & p=.006 respectively) & Rate was superior to Amio (p<.001).

Conclusions: 1. CVH are frequent with current AF therapies & patterns differ with treatment strategy. 2. Rate strategies reduce CVH to a greater degree than Amio or OR. 3. Clinical outcome assessed with this composite endpoint can identify additional limitations of current treatment strategies.